104000025339

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PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
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SECRETARY OF STATE
FALLAHASSEFF FI OBIO

D. BRUCE

NOV 3 2009

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	3Strands Inv	restment Group, LLC		
	Name of Lim	ited Liability Company	•	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Kurt Miller		
		Name of Person		
	3Strands Investment Group, LLC			
		Address	_	
		Sanford, FL 32771-		
		City/State and Zip Code	08 PALL SE	
		317kpm@gmail.com (to be used for future annual report notification)	09 NOV SECRETA	
For further information	concerning this matter, please	•	SSE	
	17 \$ 490	220.0604	OF SE	
Name	Kurt Miller c of Person	at (904) 229-9691 Area Code & Daytime Telephone Numb		
Enclosed is a check for	-			
\$25.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		



October 27, 2009

KURT MILLER 12102 PLANTATION LAKES CIRCLE SANFORD, FL 32771

SUBJECT: 3STRANDS INVESTMENT GROUP, LLC

Ref. Number: L04000025339

We have received your document for 3STRANDS INVESTMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 409A00034011



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3Stran (<u>Name of the Limited L</u> (A F	ds Investm iability Compan lorida Limited L	ent Group, LLO by as it now appears of iability Company)	on our records.)	
The Articles of Organization for this Limited Lial Florida document number		were filed on	04/05/2004	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabi	lity company here:		
:	2KSL Consul	ting, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	" the designation "	LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	12102 Plantatio	n Lakes Circle	=
(Principal office address MUST BE A STREET	ADDRESS)	Sanford, FL 327	771	09 N
Enter new mailing address, if applicable:		12102 Plantatio	n Lakes Circle	ON -2 AL
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	Sanford, FL 327	771	S JATE S
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	12102 Planta	ation Lakes Circle <i>Enter</i>	e Florida street add	lress
		Sanford	. Florida	32771
		City	, 1 101164	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

or Mapaging Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 31 Dated _ Signature of a member or authorized representative of a member **Kurt Miller** Typed or printed name of signee Page 2 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Filing Fee: \$25.00